INSTRUCTIONS FOR
COMPLETING YOUR INVOICE TEMPLATE
AND PAYMENT INSTRUCTIONS

Please fill-in the following blanks in the invoice:

1. *Invoice Number* Insert two-digit airline identifier (booking) code. This number should be referenced on your payment.

2. *Company Name* Insert your company name, city, state, zip code, and contact information.

3. *Description of charges* Identify start date of coverage. Note that all policies now terminate at 23:59 GMT on 11 January 2002.

4. *Forecast departures* Enter the forecast number of departures that will be performed within the time your policy becomes effective, and 23:59 GMT on 11 January 2002. Non-scheduled air carriers should use the daily average of the previous year's departures multiplied times the number of days the policy will be in effect.

NOTE: "Departure performed" means a takeoff made at an airport, which includes all flights, without regard to whether the flight is operated under 14 CFR Part 91, 135, or 121.   The actual numbers of departures will be reconciled within forty-five (45) days of the termination of the policy.

5. *Total Premium* Multiply forecast number of departures performed by $7.50 to calculate the total premium and enter in the space provided.

6. *Payment instructions* Make electronic payment as indicated on the invoice. If paying by check, print the invoice number on the check, and FAX a copy of the check and invoice to (2020) 267-3324. If paying by electronic wire transfer, make sure the information is EXACTLY as it appears on the invoice document.

I N V O I C E

Invoice No.   **AI-02-W**_____   Date: _____, 2001
                [2 digit airline code]

_____   _____
[Airline Name]   [Point of Contact]

                                                Phone:
_____
[Airline City] [Airline State] [zip code]   Fax:

                                                E-Mail:

Description of charges:

Aviation insurance from ____/____/2001 through 01/ 11 /2002.
                        (MM/DD)   (MM/DD)

Forecast number of departures performed*   _____
(*See instructions for definition.)
Premium rate: X $7.50

Total Premium $_____

Remit to:

Electronic Funds Transfer (FedWire)

Name of beneficiary: Federal Aviation Administration
Address of beneficiary: 800 Independence Ave., SW
                            Washington, DC 20591
Receiver (Bank) Name: TREAS NYC/(69001104)
Receiver (Bank) Address: U.S. Treasury
                            c/o Federal Reserve Bank of New York
Receiver (Bank) ABA No.:   0210 3000 4
Account No.   69 00 1104
Reference: Invoice Number **and** Airline Name

Payment by Check

Federal Aviation Administration
Aviation Insurance, APO-3, Room 939
800 Independence Ave., SW
Washington, DC 20591

e:mail 9-AWA-APO-Aviation-Insurance@faa.gov
Fax: 202.267.3324, or 202.267.3278, or 202.267.5370